## **Wyoming Prevention Framework Community Grant Report**

## Attachment B This report is for this time period Please email this report as an attachment to... February 2007 -Substance Abuse & Mental Health Services Division, February 2007 - June 30, 2007 April 2007 Wyo Dept. of Health 5/11/2007 For information call 1-800-535-4006 Today's Date County or 307-777-6494 Fremont Contract Organization Name Fremont Counseling Services

 Your Name
 Tauna Groom Smith

 Your Mailing Address
 1110 Major Avenue

 City, State, Zip
 Riverton, WY 82501

 Your Work Phone Number
 307-856-6587

 Fax
 307-856-2668

 Your Work Email Address
 tgroomsmith@wyoming.com

Please keep both a hard-copy and file copy for your records

| Item     | Contract Deliverables  | Date due                             | Percent Completed (or notes on amount completed) | Date<br>Completed | Comments or Notes   |
|----------|--|--------------------------------------|--|-------------------|---|
| <u> </u> | Staff, Board of Directors, Volunteers, Work  |                                      |  |                   |   |
| Α        | Assignments, and Technical Assistance  |                                      |  |                   |   |
| 1        | SPF Staff Hired (report name, percent of time, email address, phone number) Supervise SPF staff/staff evaluation (note dates | 1-Feb-07                             | 100  | 2/26/2007         | Tauna Groom Smith 100%, tgroomsmith@wyoming.com, 307-856-6587, 307-349-4495                         |
| 2        | and any notes)   |                                      |  |                   |   |
| 3        | Name, title, and phone number of the staff's supervisor  |                                      |  |                   | Becky Parker, Substance Abuse Manager, 856-6587   |
|          | Criminal history record compliance (briefly note yes or no if any action was taken this quarterdo not report names)          |                                      |  |                   | Compliance for Tauna w/Fremont Cty Schl Dist 6 (2002)<br>& ASAP KICK-IT (2005)                      |
| 5        | Staff training and paid travel (list all training paid under the contract, dates, traveler name, amount)                     |                                      |  |                   | Prevention Framework Training (3/5&6/07), Gov<br>Conference for Impaired Driving (5/2/07) - Tauna - |
| 6        | Notify the Division of any board of directors/staffing changes   |                                      |  |                   |   |
|          | Other Contract Work Agreements (report details) Complete agreement with SPF-TAC  | 3/30/2007                            | 100%   | 3/30/2007         | WYSAC contract  |
|          | Other  |                                      |  |                   |   |
| В        | Needs Assessment Activities  | I=                                   |  |                   |   |
| 1        | Needs Assessment Training/Winter 07 Meeting  | Feb or March<br>2007<br>Feb or March |  | 3/5&6/07          | Tauna Groom Smith, Jerry McAdams  |
| 2        | Needs Assessment Instrument Received   | 2007                                 |  | 3/5&6/07          | Needs Assessment workbook received  |
|          | Data Collection  |                                      | 75   |                   | Workbook in progress  |
| 4        | Data Analysis  |                                      |  |                   |   |
|          | Priorities Identified  |                                      |  |                   |   |
|          | Needs Assessment Sent to SAD   | 1-Jun-07                             |  |                   |   |
|          | Receive SAD Comments @ Needs Assessment Revise Needs Assess/Submit Final   | 15-Jun-07                            |  |                   |   |
| 8        | Other  |                                      |  |                   |   |
| _        |  |                                      | Percent  | Date              |   |

| Item | Contract Deliverables  | Date due | Percent<br>Completed | Date<br>Completed | Comments or Notes  |
|------|--|----------|----------------------|-------------------|--|
| C    | Community Infrastructure Activities  | Date dae | Completed            | Completed         | Commission of Notes  |
| 1    | Community Advisory Council Activities briefly list CAC activities Community Advisory Council Meetings List dates & number of people who attended See below for membership report |          | 100                  |                   | Advisory Council Meets once a month. Small work groups meet to discuss and answer workbook questions.  March 13 - 23, April 10 - 8 |
| 3    | Budget and Funding Approved by CAC (attach minutes)  Community Resource Assessment note date and attach report   |          |                      |                   |  |

| tem | Contract Deliverables                            | Date due  | Percent<br>Completed | Date<br>Completed | Comments or Notes  |
|-----|--|-----------|----------------------|-------------------|--|
|     |  |           |                      |                   |  |
|     | Other  |           |                      |                   |  |
|     | Receive SAD Comments/Revise/Final Plan           | 31-Aug-07 |                      |                   |  |
|     | Submit Strategic Plan to SAD                     |           |                      |                   |  |
|     | Write Strategic Plan                             |           |                      |                   |  |
|     | Match Strategies to Data/Needs                   |           |                      |                   |  |
|     | Research Evidence Based Strategies               |           |                      |                   |  |
|     | Receive Strategic Planning Materials from SAD    |           |                      |                   |  |
|     | Attend Strategic Planning Training               | Jul-07    |                      |                   |  |
| )   | Strategic Planning Activity                      |           |                      |                   |  |
| 8   | Other CAC/Infrastructure                         |           |                      |                   |  |
| 7   | in the SPF process during this reporting period  |           |                      |                   | agencies pooling to gather data and answer questions.  |
|     | Briefly describe how the community was involved  |           |                      |                   | PF Workbook Consumption work group, town Chamber helping w/ events data, Riverton Town Hall Mtg - 5/9/07 |
| 6   | SAC/Community                                    |           | 100                  | 3/26-29/2007      | Best Western Inn @ Lander, WY  |
|     | (Optional) local SAPST and/or CADCA Training for |           |                      |                   |  |
| - 5 | Present Findings/Process to Community            |           |                      |                   |  |

|      |   |          | Percent   | Date      |                   |
|------|---|----------|-----------|-----------|-------------------|
| Item | Contract Deliverables                   | Date due | Completed | Completed | Comments or Notes |
| E    | Implementation (only with SAD approval) |          |           |           |                   |
|      |   |          |           |           |                   |
|      |   |          |           |           |                   |
|      |   |          |           |           |                   |
|      |   |          |           |           |                   |

## F Deliverables and Assurances

Reports

| Reports                                      |   |   |  |  |
|--|---|---|--|--|
| For February 1 - April 30                    |   |   |  |  |
| May 15: Submit this report to SAD            | 15-May-07   | 100   | 5/15/2007  | See attached   |
| May 15: Submit Expenditure Report to SAD     | 15-May-07   | 100   | 5/15/2007  | See attached   |
| For February 4 June 20                       |   |   |  |  |
|  |   |   |  |  |
| July 31: Submit CLI to SAMHSA                | 31-Jul-07   |   |  |  |
| For May 1 - June 30                          |   |   |  |  |
| July 31: Submit Expenditure Report to SAD    | 31-Jul-07   |   |  |  |
| 5 M 4 2 4 4 20                               |   |   |  |  |
|  |   |   |  |  |
| October 15: Submit this report o SAD         | 15-Oct-07   |   |  |  |
| For July 1 - September 30                    |   |   |  |  |
| October 15: Submit Expenditure Report to SAD | 15-Oct-07   |   |  |  |
|  |   |   | - / /  |  |
|  | 30-Mar-07   | 100   | 3/30/2007  | Chose to pay entire amount up front  |
| Provide any other evaluation information     |   |   |  |  |
| Submit any requested data                    | 4/30/2007   | 75  |  | Events & ads remaining   |
| Obtain Chapter 16 Prevention Certification   |   |   | May of 2007  | Tauna attended SAPST training in Evanston, WY  |
| On-Site evaluations or reviews               |   |   | 5/10/2007  | Met with Rodney & Connie from Wind River Reservation   |
|  |   | 50  | 4/30/2007  | Riverton Ranger - see attached   |
|  | For February 1 - April 30 May 15: Submit this report to SAD May 15: Submit Expenditure Report to SAD For February 1 - June 30 July 31: Submit CLI to SAMHSA  For May 1 - June 30 July 31: Submit Expenditure Report to SAD  For May 1 - September 30 October 15: Submit this report o SAD  For July 1 - September 30 October 15: Submit Expenditure Report to SAD  Complete evaluation agreement with WySAC Provide any other evaluation information Submit any requested data Obtain Chapter 16 Prevention Certification | For February 1 - April 30  May 15: Submit this report to SAD  May 15: Submit Expenditure Report to SAD  For February 1 - June 30  July 31: Submit CLI to SAMHSA  July 31: Submit Expenditure Report to SAD  For May 1 - June 30  July 31: Submit Expenditure Report to SAD  For May 1 - September 30  October 15: Submit this report o SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Complete evaluation agreement with WySAC  Provide any other evaluation information  Submit any requested data  Obtain Chapter 16 Prevention Certification  On-Site evaluations or reviews  Post 2 newspaper ads/articles about the SPF grant | For February 1 - April 30  May 15: Submit this report to SAD  May 15: Submit Expenditure Report to SAD  For February 1 - June 30  July 31: Submit CLI to SAMHSA  Jul-07  For May 1 - June 30  July 31: Submit Expenditure Report to SAD  Tor May 1 - September 30  October 15: Submit this report o SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Toroide any other evaluation information  Submit any requested data  Obtain Chapter 16 Prevention Certification  On-Site evaluations or reviews  Post 2 newspaper ads/articles about the SPF grant | For February 1 - April 30  May 15: Submit this report to SAD  May 15: Submit Expenditure Report to SAD  For February 1 - June 30  July 31: Submit CLI to SAMHSA  July 31: Submit Expenditure Report to SAD  For May 1 - June 30  July 31: Submit Expenditure Report to SAD  For May 1 - September 30  October 15: Submit this report o SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Complete evaluation agreement with WySAC  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 16: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 16: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 16: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 16: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit this report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD  Tor July 1 - September 30  October 15: Submit Expenditure Report to SAD |

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|------|--|----------|----------------------|-------------------|--|
| G    | Other Information  |          |                      |                   |  |
|      | Briefly describe any actions taken by the LEAD AGENCY (fiscal agency) board of directors or high level staff around the SPF SIG grant  |          |                      |                   |  |
| 2    | Restricted activities (report any approval requested and received for these)   |          |                      |                   |  |
|      | fairs/brochures/educational materials  |          |                      |                   |  |
|      | media  |          |                      |                   |  |
| 3    | Please note any <b>significant</b> changes from the budget submitted in the application.   |          |                      |                   |  |
| 4    | What was the one greatest accomplishment this reporting period? How was this accomplishment shared with the community?   |          |                      |                   | Pooling members of the communities (including agency reps) to work together on the PF workbook - knowing they are working toward a common goal.                      |
| 5    | What was the one greatest barrier this reporting period? What was done to address this barrier? Please briefly list any significant changes or information related to this grant |          |                      |                   | People of the community understanding the purpose of the first phase of this project. Explantion & sharing of data opened many eyes as to what's real in our county. |

| Please provide input and recommendations about |    |              |
|--|----|--------------|
| technical assistance provided by SAD and SAD   |    |              |
| 7 contractors                                  | 0% | We have none |

## COMMUNITY ADVISORY COUNCIL

| $\overline{}$ |                 |                   |  |   |   |
|---------------|-----------------|-------------------|--|---|---|
|               | Member's Name   | Date first joined | Number of<br>meetings<br>attended (total<br>to date) | Please note if<br>this is a<br>representative<br>of the sectors<br>listed on page<br>6 of the<br>application<br>instructions. | Agency or Constituency Represented                |
|               |                 | Nov               | 6  |   | Shoshoni Lights On!                               |
|               |                 | Nov               | 4  |   | Fremont County Commission                         |
|               |                 | Nov               | 6  |   | Fremont Counseling Services                       |
|               |                 | Nov               | 4  | х   | Fremont County Youth Services                     |
|               |                 | Nov               |  | х   | CAN Program, Lander Valley High School            |
|               | Lorrie Pozarik  | Nov               | 6  | Х   | Injury Prevention Resources                       |
|               | Lisa Amos       | Nov               | 6  | х   | Fremont County Alcohol Crisis Center              |
|               | Jean Murphy     | Nov               | 4  | х   | Integrative Health                                |
|               |                 | Nov               | 6  | х   | Fremont County Sheriff                            |
|               |                 | Nov               | 4  | Х   | Lander Valley High School                         |
|               |                 | Nov               | 6  | х   | Wind River Indian Reservation SPF SIG Coordinator |
|               |                 | Nov               | 4  |   | City of Lander                                    |
|               |                 | Nov               | 6  |   | Riverton Police Department                        |
|               |                 | Nov               | 4  |   | Lander Police Department                          |
|               |                 | Nov               |  | X   | Fremont County Public Health                      |
|               | Doug Elgin      | Nov               |  | X   | Fremont County School Dist #25                    |
|               | Jerry McAdams   | Nov               | 5  |   | Fremont Counseling Services                       |
|               | Kathryn Garber  | Jan               |  | X   | Big Brothers Big Sisters of NW Wyoming            |
|               | rtain yn Garbei | Jan               |  | ^   | Dig Brothers Dig Gisters of 1444 44 yorning       |
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